

<i>SERFF Tracking Number:</i>	<i>MUTM-125646273</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38991</i>
<i>Company Tracking Number:</i>	<i>SALLY HESS</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - URC6528</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/URC6528</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-125646273 State: ArkansasLH

Advertising - URC6528

TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 38991

Standard Plans

Sub-TOI: MS051.001 Plan A

Co Tr Num: SALLY HESS

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Sally Hess

Disposition Date: 06/09/2008

Date Submitted: 05/14/2008

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: URC6528

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/09/2008

State Status Changed: 06/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

SERFF Tracking Number: MUTM-125646273 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38991
Company Tracking Number: SALLY HESS
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - URC6528
Project Name/Number: Medicare Supplement Advertising/URC6528

Mike Trebold, Product & Advertising Compliance Consultant
Regulatory Affairs
Omaha, NE 68175
mike.trebold@mutualofomaha.com
(402) 351-2654 [Phone]
(402) 351-5298[FAX]

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

SERFF Tracking Number:	MUTM-125646273	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	38991
Company Tracking Number:	SALLY HESS		
TOI:	MS05I Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS05I.001 Plan A
Product Name:	Medicare Supplement Advertising - URC6528		
Project Name/Number:	Medicare Supplement Advertising/URC6528		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	2 forms x \$25.00 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	05/14/2008	20314244

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/09/2008	06/09/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	05/29/2008	05/29/2008	Veronica Booth	06/06/2008	06/06/2008

<i>SERFF Tracking Number:</i>	<i>MUTM-125646273</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - URC6528</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/URC6528</i>		

Disposition

Disposition Date: 06/09/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-125646273 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38991

Company Tracking Number: SALLY HESS

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans

Product Name: Medicare Supplement Advertising - URC6528

Project Name/Number: Medicare Supplement Advertising/URC6528

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Cover Letter	Filed	Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Memorandum of Variability	Filed	Yes
Supporting Document	Memorandum of Variable Materila	Filed	Yes
Form	Brochure, reply card	Filed	Yes

SERFF Tracking Number: MUTM-125646273 State: Arkansas
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TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - URC6528
Project Name/Number: Medicare Supplement Advertising/URC6528

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/29/2008
Submitted Date 05/29/2008
Respond By Date 06/30/2008

Dear Mike Trebold,

This will acknowledge receipt of the captioned filing.

Objection 1

- Brochure, reply card (Form)

Comment: Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being said, please remove the "Age" column, as it would not be appropriate.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/06/2008
Submitted Date 06/06/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Please see the attached revised cover letter and Memorandum of Variable Material in response to your objection.

Related Objection 1

Applies To:

- Brochure, reply card (Form)

SERFF Tracking Number:	MUTM-125646273	State:	Arkansas
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Comment:

Code Ann. 23-79-109(a)(4) states, “all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings.” With that being said, please remove the “Age” column, as it would not be appropriate.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Cover Letter

Comment:

Satisfied -Name: Memorandum of Variable Materila

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Sally Hess

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Form Schedule

Lead Form Number: URC6528

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	URC6528, URC6528-1	Advertising Brochure	reply card	Initial			URC6528.pdf

Medicare Supplement Insurance Policy



*Happy with
YOUR Medicare
supplement premium?*



**OPEN UP TO
COMPARE AND SAVE!**

URC6528

Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha is licensed nationwide except in New York. Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM2, UM3, UM4, UM5 or state equivalent. These policies have exclusions, limitations and reductions. For cost and complete details of coverage contact your United of Omaha insurance agent. An outline of coverage is available upon request.

This is a solicitation of insurance and an insurance agent will contact you by telephone.



Medicare Supplement Insurance Policies

from UNITED of OMAHA LIFE INSURANCE COMPANY

We offer you the **friendly customer service,**
financial value and security you seek.
So, you can relax and have some **fun.**

We've got you covered.
GO PLAY!

Compare and Save

United of Omaha Medicare Supplement Insurance Policy

[State, ZIP Codes or ZIP Codes Beginning With #s]	Age	Monthly Premium*	
		Plan [Name]	Plan [Name]
	[age]	[rate]	[rate]
	[age]	[rate]	[rate]
	[age]	[rate]	[rate]

*[Appropriate state rate disclosure]

Free Rate Quote

For your no-obligation rate quote – including any discount – on a United of Omaha Medicare supplement, contact your licensed insurance agent today!

[Name]

[City]

[Phone Number]

[E-mail Address]

INFORMATION REQUEST

☐ **Yes!** Please contact me with information about United of Omaha Life Insurance Company's Medicare supplement insurance policies. I understand there is no cost or obligation for this service.

Name _____ ZIP Code _____

Phone (____) _____ Best Time to Call _____

Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha is licensed nationwide except in New York. Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM2, UM3, UM4, UM5 or state equivalent. These policies have exclusions, limitations and reductions. For cost and complete details of coverage contact your United of Omaha insurance agent. An outline of coverage is available upon request. Each underwriting company is solely responsible for its contractual obligations.

This is a solicitation of insurance and an insurance agent will contact you by telephone.

URC6528-1



Underwritten by:
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

<i>SERFF Tracking Number:</i>	<i>MUTM-125646273</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Cover Letter Filed 06/09/2008
Comments:
Attachment:
AR Inq Letter.pdf

Review Status:
Satisfied -Name: Memorandum of Variability Filed 06/09/2008
Comments:
Attachment:
URC6528 (MoV).pdf

Review Status:
Satisfied -Name: Memorandum of Variable Materila Filed 06/09/2008
Comments:
Attachments:
URC6528 (MoV) (AR Inquiry).pdf
URC6528 (MoV) Clean AR Inq.pdf

UNITED of OMAHA

UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600



June 6, 2008

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #261-69868
FEIN #47-0322111
United of Omaha Life Insurance Company
Medicare Supplement Advertising
URC6528
URC6528-1 (Reply Card)

Dear Ms. Gordon:

Thank you for your review of the above-captioned forms previously submitted to your Department on May 14, 2008. This letter is in response to your letter dated May 29, 2008.

You said pursuant to Code Ann. 23-79-109(a)(4) "all Medicare supplement rates shall be based on a composite age basis only and therefore asked that we remove the "Age" column from the advertisement.-- Attached is a revised version of the Memorandum of Variable Material. We've revised the Memorandum of Variable Material to explain that the rate chart is "overprinted" onto each piece. The "Age" column will be removed from the states that are not age rated.

Your further review and approval of this submission will be most appreciated. If I may be of additional assistance, please feel free to contact me.

Sincerely,

Mike Trebold
Product and Advertising Compliance Consultant
Regulatory Affairs

Phone: 402-351-2654
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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VARIABLE MATERIAL FOR ADVERTISING FORM URC6528

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section

Rate Chart

Explanation

Header Row:

1. Input a plans approved in the state or Zip code chosen.

Bottom Rows:

1. Column 1 - Input ZIP code(s), state or area where ad approved.
2. Column 2 - Choose an age 65 or older
3. Columns 3 - Input corresponding rate for the age, plan and state/or Zip code(s)

State Rate Disclosure

MI, NV, OH, TN - Sample Base Rates: Female rates (male rates may be higher); Nontobacco rates (tobacco rates may be higher); Rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.

WV - Sample Base Rates: Female rates (male rates may be higher); Nontobacco rates (tobacco rates may be higher); rates are subject to change. Lower rates may apply, if eligible.

SC - Sample Base Rates: Female rates (male rates may be higher); Preferred rates (standard rates may be higher); Rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.

VARIABLE MATERIAL FOR ADVERTISING FORM URC6528

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section

Rate Chart

** The rate chart is
“overprinted” on to each
piece. The “Age” column
will be removed from the
states that are not age rated.*

Explanation

Header Row:

1. Input a plans approved in the state or Zip code chosen.

Bottom Rows:

1. Column 1 - Input ZIP code(s), state or area where ad approved.
2. Column 2 - Choose an age 65 or older*
3. Columns 3 - Input corresponding rate for the age, plan and state/or Zip code(s)

State Rate Disclosure

AR – Sample Base Rates; Rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.

IL, MI, NV, OH, TN - Sample Base Rates: Female rates (male rates may be higher); Nontobacco rates (tobacco rates may be higher); Rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.

WV - Sample Base Rates: Female rates (male rates may be higher); Nontobacco rates (tobacco rates may be higher); rates are subject to change. Lower rates may apply, if eligible.

SC - Sample Base Rates: Female rates (male rates may be higher); Preferred rates (standard rates may be higher); Rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.

*The overprint section of this form is set up by the home office to assure that the correct and current rates are used.

VARIABLE MATERIAL FOR ADVERTISING FORM URC6528

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section

Rate Chart

** The rate chart is
“overprinted” on to each
piece. The “Age” column
will be removed from the
states that are not age rated.*

Explanation

Header Row:

1. Input a plans approved in the state or Zip code chosen.

Bottom Rows:

1. Column 1 - Input ZIP code(s), state or area where ad approved.
2. Column 2 - Choose an age 65 or older*
3. Columns 3 - Input corresponding rate for the age, plan and state/or Zip code(s)

State Rate Disclosure

AR – Sample Base Rates; Rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Cover Letter	05/14/2008	AR Letter.pdf

UNITED of OMAHA

UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600



May 14, 2008

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #261-69868
FEIN #47-0322111
United of Omaha Life Insurance Company
Medicare Supplement Advertising
URC6528
URC6528-1 (Reply Card)

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

This is a brochure that will be used to advertise a sample monthly premium. The advertisement contains a grid with variable fields (see the Memorandum of Variability) that applies to the rating structure for your state. The agent/independent producer would choose which sample rate they would like to advertise by selecting a plan and any other corresponding variable information. The agent/producer would contact our home office to request the ad be set up. The home office will be responsible for inputting the correct variable information including the current premium. Then it is sent back to the agent/producer to be printed in the flyer.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Mike Trebold
Product and Advertising Compliance Consultant
Regulatory Affairs

Phone: 402-351-2654
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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